09/463,590 plication or Docket Name

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		CLA		S FILED Column 1)	- PA		umn 2)			ENTITY	OR	OTHER	THAN
FOR .			NUMBER FILED			NUMBER EXTRA		F	ATE	FEE	]	RATE	FEE
8	ASIC FEE									335	OR	·	·
Į	OTAL CLAIMS			4/ minus	20=	. 21	×	\$ 9=	189	OR	X\$18=		
N	DEPENDENT C	SMIAK	3 minus 3 =			•		×	39=	-	OR	1000	
MULTIPLE DEPENDENT CLAIM PRESENT						<del>  -</del>			1				
of the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>	30=		OR	<u> </u>		
-1							POMMINI C	TC	DTAL	524	OR		L
		(Colu	SASA Imn 1) NMS	MENDE	(0	Column 2)	(Column 3)	SI	'A! L	ΕΝπη	OR	OTHER SMALL	
		REM	nms Vining TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
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